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A Monthly Devoted to the Advancement of
Medicine, Surgery, and the Collateral Sciences.

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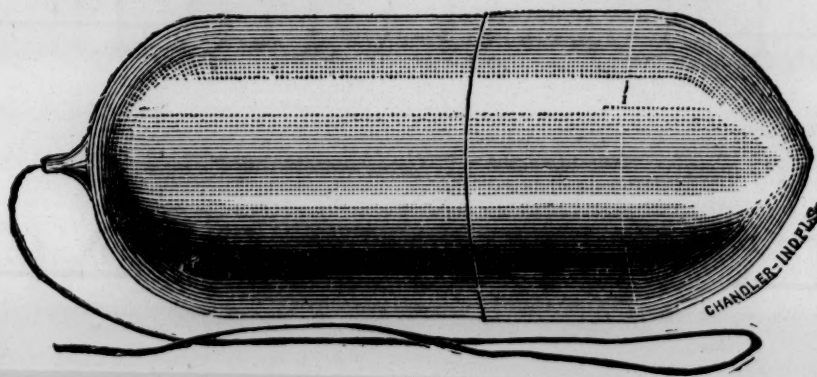
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THE *CALIFORNIA *MEDICAL* JOURNAL.*

VOL. XIV. } SAN FRANCISCO, CAL., OCT., 1892. { No. 10.

The Board of Examiners of the Eclectic Medical Society of California, will meet throughout the year regularly at 4 o'clock P. M. on the second Thursday of each month, at the office of GEO. G. GERE, M. D., Secretary 112 Grant, Avenue, San Francisco.

NOTICE TO CONTRIBUTORS.—Write on one side of the paper only. Write plain When you wish to begin a paragraph at a given word, place before it in your MS the sign ¶. Words to be printed in *italics* should be underscored once, in SMALL CAPITALS twice, in LARGE CAPITALS three times.

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Taking Cold.

Extracts from Forthcoming Book on Diseases of the Nose and Throat.

BY F. CORNWALL, M. D.

[Continued from Sept. No.]

Another characteristic of "colds" is their cumulative tendency. One cold follows another with such frequency that the patient has not fully recovered from the one till seized by another. Thus there gets to be a condition as of acute coryza continuing for weeks until there is induced chronic congestion of the parts. This is called chronic catarrh.

PROPHYLAXIS.

This is a subject of very great importance and upon which much might be said. Each individual inherently possesses a certain degree of resisting power against these disarrange-

ments of the circulation which induce cold. Tender youth is more susceptible than either middle life or age. A habit that would furnish immunity in one might be a hazardous practice in another; hence it is of great importance to weigh well the patient's peculiarities. Two elements enter into the prophylactic management. The one refers to the clothing and ventilation and the other to a hardening process through which the herper-sensibilities of the individual may be lessened. To the clothing, attention should be given to the character of the foot gear—that it be sufficient to keep the feet and ankles warm and dry. This is no small task to accomplish with women as their pride of appearance is stronger than their desire to live and have good health. It is not essential that all dress the feet alike. There are those whose feet are comfortable in very thin covering, while others require a great deal. There are those who, during one part of their lives could wear thin slippers without harm and from acquired debilitated conditions may become so susceptible as to need woolen hosiery, thick shoes and anklets, at another time.

The wearing of chamois chest preservers is not founded upon reason—and hence is usually of more harm than good. The extremities remote from the centers of circulation most need the protection. If the feet and legs are warm and the chest be clad as is the habit, there need be little apprehension of congestion of the lungs. The habit of wearing overwraps part of the day and leaving them off at another, and perhaps when most needed, should be avoided and the same may be said of throat mufflers. An active man should walk to and from his office or store and leave his overcoat and muffler at home. When these things must be worn for appearance while promenading they should be chosen of light

weight—a heavier one for riding. The close cropping of the hair and shaving may be classed with clothing. Many men who habitually “take cold” in the throat avoid this by growing the beard.

But after all it is not so much what you wear as the habit of changing. Every one knows they are liable to these attacks from getting the hair cut. If the hair be continually clipped and the face shaven, no harm may come. And so with any part of the body. This is one of the reasons the lower animals do not have colds—they only change their coat twice a year and this by gradual degrees.

It is difficult to arrange the clothing of our young. It is a truly awful thing to be a baby of this civilization. No wonder they are continually afflicted with “sniffles” and croup and the like. Babies in warm countries where the degree of civilization is not of so high a grade as to require clothing for modesty’s sake, have a much more comfortable existence. In Brazil a reliable observer remarks that children wear no clothing till three or four years of age and he further remarks that he never knew of a sick baby in that country. Every mother should have a thermometer in the nursery and be required to regulate the temperature as in the incubator of chickens. The fault is generally that of maintaining it too high and the ventilation is also faulty. If the air be admitted at all it is usually in such a way as to induce a draft. A lesson should be had by observing the delicacy of the pet dog whose environment is that of the usual babe. If the dog had the disadvantage of change of clothing with its unequal distribution over the body it would probably succumb to its surrounding in a very short time.

So much having been said relating to clothing, temperature and ventilation, I now wish to direct attention to the

importance of, and describe some of the methods of the "toughening" process by which we counteract the debilitating influences of the comforts of our civilization. *Natura ducit* should be constantly in our thought while studying the character of the exercises to be prescribed—the previous habits and temperament, or discrasia, of the individual to be considered as regards their application.

Perhaps the thing of most importance wherein we differ in our habits from primitive man, or the lower animals, is that our skin, being closely covered all day, is not subject to the care which nature has designed it should have. The well kept brute spends an average of two hours a day on its skin and the good horseman does as much for his horse when he wishes to get the greatest health and endurance from him. This suggests to us that advantage to health may come by spending as much time as practicable (say half an hour,) on the toilet of the skin. Of late years the profession has adopted massage as one of the most potent agents of its therapeutics. This is utilized for the very delicate—those who have not sufficient nerve force to expend to properly care for themselves.

The so-called "magnetic healers" and those who claimed some special powers to heal depended for their cures upon the laziness and ignorance of people who lived indolent lives and whose skins lacked the care that most people give that of their horses. The most of men and women are too busy acquiring their "daily bread" to admit of a choice of time of day in which their toilet should be performed, and it is left for the choice between morning while dressing, and the evening while undressing. The better time for most people is upon arising. It is not natural that we should take very great exercise so soon after our slumber, so whatever is done should

be begun with care and moderation. While washing the face and combing the hair the body should be nude and in a cool room and the water should be warm. The cold shower or bath are not natural without there be great warmth through physical exercise. Your dog or horse never breaks the ice to take a bath before breakfast. A flesh brush is a good thing for the beginner. Let him get his skin in a glow with this and then follow after the manner of an expert masseur. In the very delicate only a slight amount can be borne at first, but as there is more exercise, each morning there will be greater endurance.

As much warm water may be used as the instincts create a desire for, or, that cleanliness of parts demand. The skin should be softened each day by perspiration or water, but the perspiration is the better when induced by physical exercise. Out of door exercise of some kind should be taken every day, and once a week it should be indulged in for several hours so as to induce free perspiration and considerable fatigue. These exercises must be adapted to the individual, choosing such as give the greatest pleasure.

The temperature of rooms should be kept as low, and the clothes as light, as will admit of a good capillary circulation; and a great deal of discretion exercised regarding the use of wraps.

The next meeting of the Oregon Eclectic Med. Association will be held at Dr. Mott's office, 310 Commercial St., Salem, Ore., Sept, 14th, 1892. All liberal physicians are cordially invited to attend.

H. MICHENER, Sec.

W. S. MOTT, Pres.

Surgical Miscellany.

BY M. E. VAN METER, M. D.

Gerster says: "of all operations for the cure of hemorrhoids, that by the ligature commends itself as the simplest and safest."

Green-stick fracture can be best treated by the plaster-of-Paris cast. It is only necessary to straighten the limb and apply the dressing and the result is assured.

A patient should *never* be allowed to die from intestinal obstruction without the benefit of, at least, an exploratory incision. The surgeon who fails to give his patient the benefit of this chance, falls short of his duty.

Shortening, is not a necessary sequence to the removal of a portion of a bone, in compound fractures, if the periosteum be preserved, for the gap will readily fill with osseous material if extension is kept up and the wound properly treated.

A suppurating testicle whose functions have been destroyed and when the organ itself is destined to shrink away, would better be removed. There will less likely be a sympathetic or a reflex trouble, and a much greater immunity afforded, from a malignant development.

Abscess of the lymphatics, especially of the deep-seated glands, should be early incised. It will not do to always wait till fluctuation is manifest. While we are waiting for fluctuation, other glands in the same chain may become involved, often times to a serious consequence,

The wise surgeon will never neglect a cold abscess, though it apparently is causing the patient no trouble. They are always a drain upon the system, and are filled with infectious matter. They should be thoroughly evacuated under antiseptic precautions and irrigated till the pyogenic membrane is destroyed.

In a case of comminuted fracture if there is a small fragment of bone that cannot be held in apposition with other portions of the bone, or if by pressure it obstructs a vessel, or by pressure on a nerve it causes severe pain or a paralysis of a muscle, it should be cut down upon and removed, regardless of the fact that we are adding a *compound* complication.

It must be remembered that all uterine fibroids do not cause hemorrhage; in fact the majority of them do not. It is only the intramural or submucous that has this effect. We have seen many cases, and somewhere the whole organ was involved, that did not even influence the menstrual flow. It is the uterine polypus that most frequently causes hemorrhages, and those of the worst form.

Movable tumors in the abdomen is one of the greatest bug-bears in diagnosis with which the abdominal surgeon meets. It is oftentimes utterly impossible to say to what organ, class or kind it belongs. In such cases, nothing but an exploratory incision can determine the matter. We can gain nothing by asserting positively that it is one thing or another. Saying it is so, does not make it so; and the best we can do is to hazard an opinion, which an operation will likely prove was totally wrong.

Suppuration of the mastoid cells should be early recognized and promptly and energetically treated. A dilly-dally course will not only allow intense suffering but will hazard the patient's life. When there is much swelling and tenseness of the parts, a free incision through the soft structures will afford great relief, but nothing short of opening the pus cavity with drill or chisel will be of permanent benefit.

Synovitis is the most formidable of all joint diseases, and lays the foundation for the majority of the destructive process in the joint.

It may be acute or chronic, and in either case may result in suppurative arthritis. Before suppuration has been developed, rest and compression are the two main factors in the treatment; but these may be greatly aided by aspiration when the amount of effusion is so great that absorption is doubtful. After suppuration, the only rational treatment is free evacuation and irrigation.

Prevention of infection contains the spirit and aim of *Aseptic Surgery*; the object of *Antiseptic Surgery* is *disinfection* and the *conservation of infected tissues*. The first object is attained by a severe discipline of *cleanliness*; the second by the still more severe discipline of *early incisions* and adequate *drainage* and *disinfection*.

A clear comprehension of the processes determining suppuration must result in the firm conviction that an *early* and *free* incision of every focus of septic inflammation is the most conservative form of treatment. It prevents local death and general intoxication, the latter only too often the cause of general death. If this conviction will have entered into the "*succum et sanguinem*" of every physician, public opinion will gradually yield to a better understanding of individual and public interest.—GERSTER.

The Medulla Oblongata.

BY E. L. WEBB.

Editor of the Journal:—

At the California Medical College, it is customary to occasionally have the students devote the anatomy hour to *writing* a lecture, without referring to notes or text books, instead of listening to one. In this manner the following article was prepared, Sept. 16, by E. L. Webb of the class of '92. It is scarcely better than a dozen others that were handed in at the same hour, and while none are entitled to one hundred per cent, still they show that good work is being done.—PROF. MILLER.

From the upper border of the atlas where the spinal cord ends, the medulla oblongata begins and it extends upward to the lower border of the Pons Varolii.

It is about an inch and a quarter in length, three quarters of an inch in breadth, at its widest part, and a half inch in thickness. It is of a pyramidal shape. Its anterior surface rests upon the basilar groove of the occipital bone. The posterior surface is received into the space between the hemispheres of the cerebellum, and forms the lower third of the floor of the fourth ventricle.

At its anterior and posterior surface is seen the continuation of the antero-and postero median fissures of the spinal cord. These fissures divide the medulla into two symmetrical halves, which are again subdivided by minor fissures which are unnamed.

At the antero-median fissure the pia mater forms a fold known as the foramen caecum.

The divisions of the medulla from before backward are, the anterior pyramids or corpora pyramidalia, the olivary body and lateral tracts, the restiform bodies and the Posterior pyramids, or funiculi graciles.

The anterior pyramid is found between the antero-median fissure and the olivary body. It is formed of the column of Turck, and the crossed pyramidal column of the lateral tract. In separating the pyramids, at the lower part of the medulla, the decussation of the fibres are seen.

The lateral tract and olivary body lies between the anterior pyramid and the restiform body. Just beneath the pons, the olivary body is seen; it is an ovoid body, about half an inch in length, and crossed by numerous lines known as the *Fibrae Arciformes*.

The restiform body is the largest of the columns of the medulla. It is composed mostly of the continuation of Burdach's column of the cord, and lies between the lateral tract and the posterior pyramid.

The posterior pyramid lies between the restiform body and the postero-median fissure. It is composed principally of the continuation of Goll's Column of the spinal cord.

The divergence of the restiform bodies, and the posterior pyramids exposes the fourth ventricle, and forms the lower portion of the lateral boundaries of the ventricle. An enlargement of the posterior pyramids just below the ventricle is called the *Processus Clavatus*.

At the divergence of these columns, the portion of the ventricle there seen, from its fancied resemblance to a pen, is called the *Calamus Scriptorius*. The Ventricle of Arantius is seen in the median line, and leads into the central canal of the cord or the "sixth ventricle."

The anterior pyramid divides into three sets of fibres. The most internal proceed upward through the Pons Varolii to the cortex of the cerebrum, forming on its way part of the *crus cerebri* and the internal capsule.

The middle fibres proceed upward to terminate apparently

in the Optic Thalami and the inferior lobe of the Corpora Quadrigemina. The most external of the fibres join the restiform body and form a portion of the inferior peduncle of the cerebellum, and spread out into the cerebellar cortex.

The lateral tract divides into three sets of fibres:

The most external proceed to the cerebellum through the inferior peduncle; the middle fibres proceed upward to the cerebrum forming the Fasciculus Teretes; the internal fibres are those of the crossed pyramidal tract of the opposite side.

The restiform body distributes two sets of fibres: the external proceed to the cerebellum through the inferior peduncle, the internal proceed upward to the cerebrum by the fasciculus teretes. The posterior pyramid is destined for the cerebrum as part of the fasciculus teres.

The gray matter of the medulla is found partly continuous with that of the cord, and partly in isolated masses. It is in the main covered by the columns of the medulla, but behind it may be seen by the divergence of the restiform and posterior columns.

The posterior extremity of the posterior horn of the gray matter forms the tubercles of Roland, the remainder, found within the posterior column and restiform bodies, forms the "nucleus cuneatus" and the "nucleus gracilis." The anterior horn forms the lateral nucleus, and the formatio reticularis.

Large masses of multipolar cells exist in the medulla, and floor of the fourth ventricle and form the nuclei of origin of the last eight cranial nerves. These nuclei are found near the level of the apparent origin of their respective nerves. The fifth nerve has a motor and a sensory nucleus.

The sixth has a large motor nucleus situated a little below this. The seventh has a motor nucleus. The eighth has

four nuclei of large size. The nuclei of the ninth and tenth are somewhat connected together, the tenth is said by some to have another nucleus near the olivary body. The eleventh has a nucleus below that of the tenth. The twelfth has a nucleus near the foramen of Arantius at the lower part of the medulla.

The fourth ventricle is continuous with the central canal of the spinal cord or "sixth ventricle," through the foramen of Arantius. It is also connected to the third ventricle through the Aqueduct of Sylvius. The floor of the aqueduct of Sylvius gives origin to the third and fourth nerves. Thus all the cranial nerves are seen to arise in or around the fourth ventricle, except the first two.

Aphasia.

BY A. E. COLERICK, M. D.

Aphasia is a species of Paralysis; and according to eminent medical writers, the disease is caused by an affection of the left cerebral hemisphere of the brain.

Was called June 27th 1892, to see Mrs. A. C.—Found the patient's right arm paralyzed; and had no control of her vocal organs, could not articulate a word except to say well, well, well. She understood what was said, but could not speak or communicate her thoughts by writing. Commenced treatment with stimulants; nux vom. electricity etc., and later used phosphorus, and other remedies as they were (to my mind) specifically indicated. After treating the case about a week some of the patient's friends wanted counsel called. A *regular* (old foggy) was summoned; was told he said in reply, words to this effect; that "we would probably agree in regard to the diagnosis of the case, but differ in treatment," so in order to

get him to come I was discharged. He treated the patient for a few days, but as the case was no better but grew worse I was again sent for. I found counter irritation on both sides of the vertebra to be beneficial in this case; used Dr. Brown's Acupuncture with fluid No. 2. But owing to the feeble condition of the patient's health previous to the attack, old age, (being 72) and the peculiar environments during her sickness, she only survived about three months from the time she was stricken down. Had the patient recovered I think she would have been compelled to commence with rudiments of learning in order to know how to read again. Her nurse informed me that she had taught the patient some of the Alphabet and vowel sounds, and also to read short sentences with the aid of illustrations.

Pacific Grove, Sept. 5th, 1892.

The World's Congress Auxillary of Eclectic Medicine and Surgery.

CHICAGO, Sept. 9th, 1892.

N. B. *All Eclectics* who can possibly attend the opening exercises at the dedication of *The World's Fair* in Chicago, Oct. 21st, 1892, are urged to do so; that such an opportune time may be taken advantage of, for the purpose of organizing and preparing for the best and most effective work in *The World's Congress Auxillary of Eclectic Medicine and Surgery*, to be held in Chicago next May. All persons interested in this very important matter are earnestly requested to attend a meeting, to be held for the purposes named at Rooms 23 and 24, 126 State St., Chicago, Oct. 21st, 1892, at 10 A. M.

Please inform the Sec'y if you intend to come.

Executive Committee, { MILTON JAY, M. D., Chairman,
J. V. STEVENS, M. D., Sec'y.,
126 State St., Chicago.

Woman's Committee, { MARIE E. PEARSNER, M. D., Chairman,
CORINTHA BRADLEY, M. D., Sec'y.



ORGANIC CHEMISTRY.

BY PROF. M. H. LOGAN, Ph. G., M. D., SAN FRANCISCO, CAL.,
Professor of Chemistry and Toxicology, in the California Medical College.

THE SALTS OF BUTINE.

Butine or Crotonylene, C_4H_6 , is prepared by boiling erythrol, C_4H_64HO , with concentrated formic acid; it may also be obtained from ethyl-methyl-ketone, and is found in coal gas. It is a liquid, with a pungent odor, boiling at 18.50° . Crotonylene, its isomeride, boils at about 20° .

Erythrol or Erythrit, C_4H_64HO , is the alcohol of this series, and is obtained from the alge, *protococcus vulgaris*, also the lichen *rocella*, where it exists free. It is readily dissolved in H_2O , from which it crystallizes in quadratic prisms. It has a sweet and cooling taste. The side salts have not been much investigated. Tartaric and citric acid are indirectly derived from etherol.

SALTS OF PENTINE.

Pentine, C_5H_8 , exists in several isomeric forms. The first is called propyl-acetylene; it is obtained from methyl-butyl-ketone. It is a mobile liquid, having a penetrating alliaceous odor, and boiling at 48° . The second isomeride, isopropyl-acetylene or **Valerylene** is obtained from valeraldehyde; it is a liquid with a penetrating odor, boiling at 29° . The third isomeride, methyl-ethyl-acetylene, is very similar to valerylene; it boils at 45° .

SALTS OF HEXINE.

Hexine or Hexaylene, C_6H_{10} , is obtained from hexane of petroleum, it boils at 80° . It may also be prepared from mannite. There are several side salts known, but none are of any importance.

SALTS OF HEPTINE.

Heptine, Heptylene or Cœnonthylene, C_7H_{12} , is obtained from œnonthol ; it is an alliaceous smelling liquid, boiling at 107° . Its isomeride is methyl-propyl-isoallylene, which occurs as one of the constituents of resin spirit. It boils at 104° . There are no salts of any importance.

The higher homologous of this series are but little known. They are as follows :

Octine or Octylene (caprylidene),	C_8H_{14} .
Nonine or Nonylene,	C_9H_{16} .
Decine or Decenylene (Rutylene),	$C_{10}H_{18}$.
Hendecine or Nonyl Acetylene,	$C_{11}H_{20}$.
Pentadecine or Benylene,	$C_{15}H_{28}$.
Hexdecine or Cetenylene,	$C_{16}H_{30}$.
Eikosylene,	$C_{20}H_{38}$.

They are all liquid at ordinary temperature, and their boiling points rise as the number of atoms increase ; they are all subject to the same general rules. See page 37.

THE PROPINYL SERIES.

The sixth homologous series, in table No. 3, is of very little importance. The general formula is C_nH_{2n-3} ; the individual members should all be pentads, but they are found scattered through various series, and taking any convenient quantivalence. The grouping C_3H_3 is found in several cyanuric compounds, as cyanuric acid, C_3H_3NO , and chloride C_3H_3Cl ; also the esters of cyanuric acid. In the tribasic acids this grouping appears again as a triad, C_3H_3COOH , aconitic acid.

Propinyl or Propargul Alcohol, C_3H_3HO . This is recognized as the alcohol of this series ; it is derived from bromallyl alcohol ; it is a mobile, agreeable-smelling liquid ; it boils at 114° , and dissolves readily in H_2O . The group C_4H_5 appears in chlorcrotonic acid, $C_4H_5ClO_2$, and C_5H_7 appears similarly in citrabrom-pyrotartaric acid $C_5H_7BrO_4$. There are a number of other unimportant examples.

THE BUTONE SERIES.

This is called the Propiolic series, and is composed of the 7th homologous series in table No. 3, general formula C_nH_{2n-4} ; they are irregular in their quantivalence, but are properly hexads.

Propiolic or Propergylic Acid, $C_3H_2O_2$, is derived from potassium propiolate. It is a liquid resembling glacial acetic acid; when cool it solidifies to silky needles which melt at 16° . Its sodium and ammonium salts are very explosive.

TABLE NO. 9. BUTONES.

	C_nH_{2n-4}	OXIDES.	ALCOHOLS.
Propone	C_3H_2	$C_3H_2O_2$	$C_3H_2.6HO$
Butone	C_4H_4	$C_4H_4O_2$	$C_4H_4.6HO$
Pentone	C_5H_6	$C_5H_6O_2$	$C_5H_6.6HO$
Hexone	C_6H_8	$C_6H_8O_2$	$C_6H_8.6HO$
Heptone	C_7H_{10}		
Octone	C_8H_{12}		
Nonone	C_9H_{14}		
Decone	$C_{10}H_{16}$		
	Etc.		

Tetrollic Acid, $C_4H_4O_2$, from Butone, is a crystalline solid, boiling at 203° .

Saccharic and mucic acids correspond to the formula $C_4H_4(OH)_4.2COOH$, they result from oxidation of cane and milk-sugar. Butone-hexacarboxylic acid, $C_4H_4.6COOH$, is a representative of the **Butones**.

Mannitic and Glauconic acids, $C_5H_6(OH)_5COOH$, both obtained from mannite, are the best representatives of **Pentone**.

TABLE NO. 11. THE HEXON SERIES.

	VI	OXIDE	ALCOHOL	ALCOHOL	ALDEHYDE	ACID	ACID
Propone	C_3H_2	$C_3H_2O_3$	C_3H_26HO	$C_3H_8O_6$	$C_3H_6O_6$		
Butone	C_4H_4	$C_4H_4O_3$	C_4H_46HO	$C_4H_{10}O_6$	$C_4H_8O_6$		
Pentone	C_5H_6	$C_5H_6O_3$	C_5H_66HO	$C_5H_{12}O_6$	$C_5H_{10}O_6$	$C_5H_8O_8$	
Hexone	C_6H_8	$C_6H_8O_3$	C_6H_86HO	$C_6H_{14}O_6$	$C_6H_{12}O_6$	$C_6H_{10}O_8$	$C_6H_{10}O_5$
Heptone	C_7H_{10}	$C_7H_{10}O_3$	$C_7H_{10}6HO$	$C_7H_{16}O_6$	$C_7H_{14}O_6$	$C_7H_{12}O_8$	$C_7H_{12}O_5$
Octone	C_8H_{12}	$C_8H_{12}O_3$	$C_8H_{12}6HO$	$C_8H_{18}O_6$	$C_8H_{16}O_6$	$C_8H_{14}O_8$	$C_8H_{14}O_5$
Etc.	Etc.	Etc.	Etc.	Etc.	Etc.	Etc.	Etc.

In this table the Hexone series of compounds is the only one of any great importance. Although we have some compounds of pentone, butone and heptone, they are rare.

The next salt of Hexone is the hydrate (table No. 11).

Sebacic acid $C_6H_8O_2$ is obtained from Hexone.

Hexone-hydrate-Mannitol or α -Hexone-Hydrate (Mannite). $C_6H_{14}O_6$ or C_6H_86HO . It was formerly known as manna sugar, and occurs in the sap of many plants, particularly the larch and various species of ash (*Fraxinus*). The manna of the Bible is supposed to be derived from *Tamarix*, *Mannifera*. Manna is found in the roots of celery, *Aconitum Napellus*, in the leaves of *Syringa Vulgaris*, in the olive, in the bark of *Canella Alba*, sugar cane, in various algæ and many fungoid growths. *Agricus intiger* contains 20% of manna. After im-

moderate water drinking it is found in the urine. It is formed during the lactic and mucus fermentation of different varieties of sugar, and may be produced from dextrose and lævulose by the action of nascent H.

Mannite may be prepared pure by boiling manna in dilute alcohol, and recrystallizing. It forms delicate needles when crystallized from alcohol, and rhombic prisms from H_2O . It dissolves in 6.22 parts of H_2O , and is only slightly soluble in alcohol, and not at all in ether. It melts at 166° , and has a sweet taste. When pure it is inactive to polarized light. HNO_3 oxidizes it to saccharic acid $C_6H_{10}O_8$ and oxalic acid. When heated to 200° it loses H_2O and becomes mannitan $C_6H_{12}O_5$.

The side salts are numerous, and resemble those of the sugars. Nitro-mannite $C_6H_8(NO_3)_6$. When heated deflagrates strongly, and when struck explodes violently.

Dulcitol or **Dulcite** or β -Hexone-hydrate C_6H_8HO or $C_6H_{14}O_6$ occurs in many plants, such as dulcitol or Madagascar manna. It crystallizes in monoclinic prisms, which melt at 188.5° . Its taste is less sweet than mannite, and it is less soluble. There are several side salts known.

Sorbite or pinite $(C_6H_{14}O_6) + H_2O$ occurs in mountain-ash berries, forming small crystals, which dissolve readily in H_2O and melt at 110° . It forms the chief constituent of the pine-sugar contained in the sap of *Pinus Lambertiana*, which grows profusely on the western slopes of the Sierra Nevada mountains in California. It collects at the foot of the tree in holes in dark round lumps, and is used by the Indians as a food. It is very soluble and sweet, crystallizing in hard white nodules, and is dextro-rotatory. It may be produced from galactose by means of nascent H. Manitol, dulcitol and sorbite are distinguished from the true sugars by their inability to undergo fermentation under the influence of yeast.

Mannitic Acid $C_6H_{12}O_7$ is obtained by means of Pt. black upon aqueous mannitol. *Glauconic acid* $C_6H_{12}O_7$ is formed by the oxidation of dextrose and cane sugar or starch with Cl or Br water.

Lactonic Acid $C_6H_{10}O_6$ is from milk sugar and galactose by

Class Notes.

By a Member of the Senior Class.

—The mid term vacation is over and the students back in their old places with a lot of good resolutions, for the remainder of the term.

—A number of the students took advantage of the two weeks' holiday to visit their homes and friends.

—Miss Cook visited in Los Angeles.

—Mr. Rink visited the South, going to Selma.

—Foreman spent his vacation at home in Stockton, and did a little practicing at the same time.

—Field recuperated in Merced Co.

—Childs spent the time on his ranch in San Jose.

—Liftchild visited his family at Goodyear.

—Huckins spent the vacation in Napa, recovering from a severe cold.

—The seniors feel that they are on the home stretch and all are doing good, conscientious work. The fact that the final examinations are less than eight weeks distant may be somewhat of a stimulus.

—The mid term examinations have been concluded and the results most satisfactory to both Professors and students.

—Dr. Stetson of Oakland, the new assistant Professor of Practice, has already gained success as a lecturer. The faculty was wise in the selection of a much needed assistant.

—Dr. Yetter, '90, has been attending some of the lectures' occasionally, lately. The Dr. has obtained a good practice and is very successful in her specialty of children's and women's diseases.

EDITORIAL.

A "Third" as a Factor in Prognosis.

Under this caption in the September E. M. J., the late Prof. Howe is made to say:

"When the *third* of an army is rendered *hors de combat*, the remaining two-thirds retreat or take the defensive. When one-third of the skin is scorched to blisters or vesication, the sufferer will succumb—cannot survive; and when two legs and an arm are amputated at one operation the victim of the extensive loss—one-third of the organism—will die. So with the woman weighing one hundred and twenty pounds, who has taken from her forty pounds of ovarian tumor; she is likely to collapse within a few hours, if not at once. The death may be attributed to "heart failure," but shock has much to do with the fatal result. A patient who undergoes amputation at the hip-joint is in considerable peril through loss of substance. Then the amount of traumatism is to be considered. If there be many adhesions in the removal of a large ovarian tumor, the traumatic lesion is to be estimated. Extensive traumatism is dangerous, whether in amputation or excision. The knee-joint is a bad articulation to open, on account of the expanse of joint-surface."

While the above may be true as a rule, it certainly has many exceptions. In our own experience we have seen every proposition, except the one in regard to burns, disproved; and as we have seen but a limited number of cases of each class, and in one class—that of amputation—we have seen but *one* case, we are convinced that the rule as laid down, is far from absolute.

Drs. Gregory and Carson, of St. Louis, with whom we took a special course in Surgery, removed an ovarian tumor, weigh-

ing 75 pounds, from a woman who would not weigh to exceed 130 or 140 pounds, and she recovered; and they removed a number of tumors, ranging in weight from 30 to 45 pounds, from women of ordinary size, and a large per cent. recovered.

We also know of a man, who was injured in a railroad accident, and was operated upon by a former partner of ours. Both legs above the knees and one arm were amputated, the man making a quick recovery, not being longer confined than is usual after the loss of one leg.

Again it is claimed by some, that when a person loses, from any cause, one-third of the usual weight that death will supervene. This, too, is not true. We know a lady well, who at one time had a weight varying from 190 to 200 pounds. Her weight is now 120 to 125 pounds, and has been even lower. This condition has existed for the last three years, and she enjoys a fair share of health. The cause for her loss of weight is not known; though she had a slight attack of rheumatism at the time she began losing weight.

As to the "one-third" proposition in *burns*, we cannot speak from experience. We have seen cases die where *more* than one-third was involved; and we have seen cases recover where *less* than one-third of the surface was involved; but have not had a case of just about one-third; hence cannot say as to the result.

v.

A Special Notice.

In our last issue, our printer made it appear that Prof. Cornwall is writing a book on "Various Diseases" while the fact is, Prof. Cornwall's book will be confined strictly to "Diseases of the Nose and Throat."

Wounds of the Scalp.

We well remember the time when it was not considered safe, by many of the profession, to put sutures in a scalp wound, on the ground that it was likely to cause *erysipelas*. Why we were more likely to get *erysipelas* from this treatment in *scalp* wounds than in others, and how sutures could cause *erysipelas* in any case, these Solons in surgery could not explain. They advised court-plaster, bobbinet and collodion, tying the hair across the wound, and everything that could be thought of, except the *right one*—SUTURING. In our experience, we have found that a wound in no other part of the organism will heal so readily and so kindly as will a wound of the scalp, when properly treated. Gross speaks of wounds of the scalp as being of serious import, and often followed by disastrous sequelæ: such as abscess of the liver, abscess of the testicle, facial paralysis, strabismus, neuralgia, etc. He also speaks as though much swelling is to be expected. Now we have treated a hundred or more cases of scalp injury, and in not one case did we ever have any sequelæ whatever to follow; and in no case where the bone was not injured, did we fail to get union by first intention, except in one, a syphilitic; and one which had been previously dressed. The swelling is always slight, and in many cases absolutely none.

Our treatment is as follows: Stop all bleeding by compression, torsion or tying, as needed, giving preference to method, respectively, as named: after which the wound and contiguous parts of scalp are cleared of all foreign matter; the blood washed out of the hair about the wound; and we are ready to shave the head for a goodly space around the injury. We then sponge out the wound with a bichloride solution (hot

if we can have it) of 1—1000 or if we have reason to suspect any poison in the wound we use a stronger solution 1—500. After having *thoroughly* cleansed the wound and stopped all oozing, as far as possible, we put in enough silk sutures—previously made aseptic—to nicely coapt the parts, leaving no opening for drainage unless the parts are badly bruised. Next we fold a compress, wet it in the bichloride solution and bind on firmly so as to prevent the accumulation of any fluid beneath the scalp; then instruct that the compress be kept wet in a bichloride solution 1—2000 or 1—3000, till the stitches are ready to be removed, which usually will be on the fourth or fifth day. v.

Cholera.

Next to the Sullivan-Corbett fight, the Cholera is engrossing the minds of the average, San Franciscans. They believe in the 'gag,' that we are *nothing* if we are not in the *fashion*; and we are certainly in the fashion as far as the Cholera scare is concerned. In a stroll down the street if we would meet a hundred men, about fifty would greet us with, "What do you think of the fight?" or "How much did you lose on Sullivan?" About forty of the other fifty, with long drawn countenance, would say, "Do you think the *Cholera* will get here?" And will heave a sigh of relief when we say we don't *think* that it will, at least not this year. The remaining *ten*, out of the *hundred*, who are not ambitious to be in the fashion of prize fights or the Cholera, and who allow only things of minor importance (?) to engage *their* thoughts would likely accost us with, "who do you think will be next president?" If we have time to stop and argue the tariff question, we tell them who we *think* will be the next presi-

dent; otherwise we tell them that we can answer the question better next November.


We feel that the seeds of Cholera are being planted on our Eastern shores too late in the season to mature and reach the Pacific Coast this year.

Were it the *beginning* of *June* instead of the *middle* of *September*, we would have just grounds for serious alarm. But as it is, the frosts in the East will soon cut short the plague there, and we will have little to fear this year.

But while we do not believe there is just cause for the present scare, we would commend a zealous effort, not only of the people of San Francisco, but of, every town and hamlet on the coast, to prepare for war in time of peace, and fortify themselves against the probable onslaught, at a future time, of the most relentless and irresistible of foes. What this city and the country towns want, is not a white-wash clean-up for a few weeks, but a *thorough cleansing* and to be *kept* clean for at least the next twelve months, if we would avert the dire calamity that seems to now threaten us. Physicians where-ever located should earnestly impress upon their patrons the fact that "an ounce of preventive is better than a pound of cure," in dealing with an invading epidemic.

V.

Those of our friends belonging to the medical fraternity will confer a favor by giving their patronage and lending their influence in the direction of building up the jobbing department of the JOURNAL. It is the intention of the Managers to keep up a first-class plant and be able to do the finest class of printing on the most favorable terms.

 Send in your subscriptions for the JOURNAL. It is the best medical journal on this coast.

Prescription Writing.

If we could find a person who did not understand our methods in medicine, and show him a file full of prescriptions, we doubt if he could come to any conclusion as to their purpose. He would find them with the single remedy and with the hodge podge mixture. He would see them written in the scrawls of a half civilized Hottentot, and with the artistic hand that would make a 'Spencer' envious. He would find them with their orthography so butchered that they would look like an enigma to be unraveled. Others would be written with all the care in spelling, the dotting the i's, and the crossing of the t's that would be shown by a Yankee School marm, when writing to her best fellow. Some are written in a miserable attempt at Latin, some in poor English, and some in a mixture of the two. Some are made ridiculous by the inglorious effort at big words and high sounding terms, and a few are written in plain English.

Some physicians in their undignified efforts to appear smart, or through their unpardonable carelessness or unmitigated ignorance, seem to forget the purposes for which a prescription is written; and a person reading some of them could hardly conceive the idea that they contained an important formula, on the correct reading and proper compounding of which, with a thorough understanding of its administration depends the health and may be life of a patient. They seem to forget that this prescription may be filled by an *ordinary* druggist, and be administered by friends of the patient, who are ignorant of anything but the plainest English.

A prescription should be written so legibly that any one may read it, though, only a druggist could understand it, and the directions should be written in English and so plainly that none can mistake its wording or meaning. v.

Glycerine.

The uses of glycerine is gradually growing, and, in some ways, its use is justly growing popular. It is an aseptic element in which any animal tissue may be kept indefinitely and not undergo decomposition. As a topical application it may be used as a stimulant or as an emollient. In vaginal tampons it acts as a derivative to the congested parts. Used as a rectal injection it acts in a hygroscopic way, and soon causes a watery evacuation. This peculiar action of glycerine is of the utmost importance, as it will often cause an action of the bowels when all other injections and methods have failed.

The latest and most important discovery in the use of glycerine, is reported by Dr. Ferrand, in a paper read at a meeting of the *Academie de Medicine*. He says:

1—"Glycerine administered by the stomach is absorbed as such by the lymphatic vessels, notably by those which proceed from the stomach to the hilus of the liver and to the gall bladder; it is found even in the blood of the subhepatic veins.

2—It is a powerful cholagogue and a valuable remedy in hepatic colic.

3—In large doses (5 to 8 drachms) glycerine cuts short the paroxysm at once.

4—In smaller dose ($1\frac{1}{2}$ to $3\frac{1}{2}$ drachms) glycerine taken daily in a little alkaline water prevents the return of the attacks.

5—Glycerine, although it is not a lithrontripic, is, however, the remedy *Par Excellence* for biliary lithiasis."

Glycerine is also a valuable ingredient in many medicinal compounds, such as cough mixtures, liniments, etc. It also forms a pleasant vehicle for the administration of other medicines, often acting synergetically. Again it is often used as an ingredient in certain compounds as a miscible factor. Its formula is, $\text{CH}_5 (\text{OH})_3$.

Macrotys.

We look upon this remedy as one of the most valuable in the whole materia medica. It fills a number of wants—long felt or otherwise, matters not—and fills them well.


As an emmenagogue, it is as good as the average of this class. As a parturi-facient, there is none better. It is especially efficacious in cases where there is uterine inertia in the early stage of labor, or where the pains, though seemingly strong enough, yet are not potent in progressing the labor. While the throes appear powerful, they seem to explode or fall just short of the utility point. In such cases ʒss to ʒi of spec. macrotys in half a tumbler of water, a teaspoonful repeated every ten or fifteen minutes will soon work wonders: the pains will soon become regular, forcible and efficient; and the attendant who before had been kept busy trying to keep his patient quiet, will now have to devote his time to assisting in her labor. When the larger dose is used we often have the patient complain of a headache; but this is of no consequence, as it soon passes away when the medicine is discontinued, and we will be ready to discontinue it about this time, for in nearly all cases labor will now set in, in good earnest and will occupy the mind of both patient and doctor.

For after-pains, a few drops of macrotys in a tumbler of water, a teaspoonful every one or two hours will do much toward giving relief.

For the soreness of the muscles and aching of the bones in La Grippe, macrotys discounts all other remedies in giving relief. Its action is positive, prompt and lasting.

In muscular rheumatism, its efficacy is too well known to require reiteration or comment.


v.

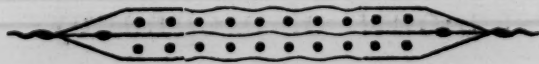
 If you want any Surgical Instruments, remember the California Drug Co., College Building, 1420 Folsom St., S. F.

Science vs. Money.

Being in an instrument store not long since, we noticed the pattern for a bivalve speculum, of gigantic proportions. As we were a little curious to know its use, we made inquiry and was told by the maker, that the instrument was being made for Dr. ——— a veterinary surgeon, of the city, who was going to use it in the artificial impregnation of mares. It seems that there was a very high-priced horse in the city, and the scheme was to beat the owner of the horse out of the price of the colts that might be sired by his horse. So this bright doctor conceived the idea of artificial impregnation as a means of getting blooded colts at small cost. Hence instead of paying for each mare individually, he would take one mare to the horse, and immediately after service, he would take the fructified mare, to where there were several other mares who were in heat, and proceed to divide her treasure with the others, thus getting *several* colts for the price of *one*. It was for the purpose of bringing the mouth of the equine womb into view that the long bladed speculum was to be used.

v.

 Best opening in the State for a Doctor with a few hundred dollars. Enquire of California Drug Co., 1420 Folsom Street.



SELECTIONS.

—:—

EXTRA-UTERINE PREGNANCY—SYMPTOMS.

Dr. H. Illoway, in paper read before the Obstetrical Society of Cincinnati, gave the following resume of the symptomatology of extra-uterine pregnancy:

1.—Paroxysmal pain in the hypogastrium, usually of great violence, lasting a few hours or a day, is the earliest symptom. Other paroxysms occur after a longer or shorter period. The pains rarely set in earlier than the first month after conception, and sometimes not until the fourth or fifth. They may disappear after the fifth or sixth month, but may recur again about the end of the pregnancy.

2.—A fixed grinding pain may be felt in one of the iliac fossæ, running down the thigh. Both varieties of pain are more common and more severe in the tubal than in the ventral forms of extra-uterine pregnancy.

3.—Vaginal hæmorrhage, varying in character from dark-colored, coagulated blood to light-colored and watery discharge, is present in the majority of cases. The vaginal discharge may appear at intervals, or it may be continuous; or there may be profuse hæmorrhage with discharge of deciduous membrane.

4.—Abdominal enlargement to one side is more common in the tubal varieties than in ventral pregnancies. In the latter the abdomen usually presents a symmetrical enlargement as in ordinary pregnancy.

5.—A deviation of the uterus from its normal position, produced by a tumor located on either side, in front or behind. It is exceedingly difficult to recognize this tumor as the end of the first month of pregnancy.

6.—Ballotement. A careful examination will show the tumor to be an elastic and fluctuating mass, and ballotement will reveal the presence of a solid body floating therein.

7.—Vacuity of the uterus, the introduced sound finding it empty.—*Medical Brief.*

PLASTERS IN SKIN DISEASES.

Hallopeau, at the last meeting of the Societe de Therapeutique, of Paris, summed upon this subject as follows (*Nat. Drug:*)

1. Lanolin, with a solution of gum-elastic in benzol, seems to be the best plaster constituent. It has the advantage of not becoming rancid, and also of conveying to the skin the normal principle enclosed in it.

2. It remains yet to be determined whether principles or medicines incorporated in such a mass are absorbed.

3. Diachylon plaster, when entirely fresh, presents a most excellent mass for plasters.

4. A good formula for emplastrum zinci oxidi has not yet been found.

5. Soap and diachylon plaster render good service in eczema.

6. Emplastrum plumbi simplex may serve as a basis when the substances to be incorporated are of an oily character, or are soluble in such medium.

7. Plasters are to be preferred to salves in all localized dermatoses on hairless portions of the body.

8. Plasters are incomparably the best in cases of infectious dermatoses that do not spread rapidly.

9. The plaster furnishes the best means when the problem of obtaining a profound or fundamental action in the specific elements of the skin presents itself as, for instance, in syphilodermata.

HOT WATER IN RHUS POISONING.

Dr. Silas Hubbard (*Med. Summary*) says that in cases of poisoning by rhus toxicodendron hot-water bathing will ordinarily perform a cure in forty-eight hours. After trying everything that has been lauded, he finds that bathing the parts affected much and long with hot water affords more relief and performs the cure sooner than anything which has been recommended.—*N. Y. Medical Times*.

TREATMENT OF ECZEMA.

The *Gyogaszat* publishes an account of Dr. Berthold Loewengard's new treatment of eczema. He had under his care a child six months old suffering from severe seborrhea, which had resisted all the ordinary methods of treatment. Upon having recourse, however, to a 2 per cent. solution of creoline, in three weeks time the disease had entirely disappeared, not a symptom remaining. He has made use of a solution of creoline with equally favorable results in papular and pustular eczema and in eczema of the genital organs. One of the latter cases was complicated with anal fissure, but this healed in four days after treatment with creoline and strict attention to cleanliness. Dr. Loewengard was occasionally obliged to substitute other remedies for the creoline in the course of treatment, but he succeeded in all cases in relieving the painful symptoms of the acute stage.

TREATMENT OF HEMORRHOIDS.

Mr. J. Brindley James states (*Brit. Med. Jour.*) that for some years he has been in the habit of treating hemorrhoids by the simple process of applying calomel to them with the finger alone, and without a single exception he has done so with marked success, especially when inflammatory action was obvious in the hemorrhoidal mass, characterized by mucus discharge and hemorrhage, accompanied by most painful sensation of weight in the rectal region. All these symptoms under this simple influence were speedily relieved, with the still more important subsequent advantage of the patient's restoration to ease. A short time since a patient came to him suffering so acutely that he could neither sit nor walk freely, each movement of the body entailing exquisite pain. He has now seen him thoroughly enabled to pursue his usual occupations in happy immunity from these distressing symptoms.

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WHAT TO DO IN EMERGENCY CASES.

APPARENT DEATH.—*From Drowning.* Place person on abdomen, one arm under forehead; raise body to empty stomach and air-passages of water or mucus. Remove clothing from chest. Lay the person on his back with roll of clothing (a man's body will do) under the back, to raise stomach, and lower head. Pull tongue forward, and secure it by tying string over it and under the jaw. Stand astride or kneel at patient's head; grasp the arms below the elbows and draw them outward, upward and backward till they meet over the head; keep in this position two seconds, then carry them down to side of chest again till elbows nearly meet over the stomach, and press firmly for two seconds. Repeat fifteen times per minute. Persevere in these efforts for hours, or until breathing has been restored, then promote circulation by friction, artificial heat, etc. As soon as the person can swallow, give hot milk, beef tea or coffee to drink.

From Cold. Place body in a cold room and rub with snow or bathe in ice-cold water until limbs are soft and flexible, then place in bed and rub with flannel; warm the room gradually and wrap in flannel. As soon as the person can swallow, give spoonful doses of hot coffee.

From Inhaling Gas, Chloroform, Etc. Expose to fresh air, loosen clothing; keep head cool and feet warm. If necessary, use the method of resuscitation explained under Apparent Death from Drowning.

From Hanging, Choking, Etc. Endeavor to induce respiration by same method as recommended from Apparent Death from Drowning.

From Lightning. Dash cold water on head, face and body; pour it on head from a height. If this does not revive, place the naked body in a freshly made opening in ground, in a half-sitting posture, and cover it all over, except face, with fresh earth.

BITES, of *Animals or Snakes.* Heat a knitting needle or stout wire to white heat, and burn the wound; act quickly.

If the wound is on the arm or leg, tie a cord above the wound.

BROKEN LIMBS.—Support the injured part on blankets or pillows.

BRUISES.—Apply cloths wrung from hot water. Re-apply as soon as cool. Later apply diluted tincture arnica or essence peppermint.

BURNS.—To extinguish fire, wrap a woolen garment or rug around the person. When the fire is out, undress carefully in a warm place. Do as little injury as possible. Soak old linen in equal parts of linseed oil and lime water, or in a solution of saleratus (tablespoonful to pint of water,) and apply. Flour and molasses mixed are also good. Protect the parts from the air.

CHOKING.—*From Hanging.* See Apparent Death from Hanging. Give a smart stroke between the shoulders with the open hand.

From Swallowing Buttons, Etc. Bend the person forward and give a sharp stroke on the back. Remove obstacle, if within reach. Bread swallowed will sometimes clear a small obstacle from the throat. Do not give cathartics.

CONVULSIONS.—Undress as quickly as possible, and place in warm bath. Keep the head cool. As soon as proper, rub dry and wrap in warm blankets. Inhale camphor. Keep quiet.

COLIC.—Hot ginger or peppermint drinks, with dry heat, externally.

CROUP.—Apply warm, moist cloths to the throat, and place the child in a moist atmosphere. Let the child breathe over steam.

CUTS.—If profuse bleeding occurs, use pressure above the injury, if on hand or feet, and apply styptic cotton or old linen ravelings. If bleeding is slight, cleanse in warm water and bind with a soft cloth.

DIZZINESS.—Give plenty of fresh air. Loosen clothes. Inhale ammonia or camphor. Rub feet and hands. Give water to drink.

EARS.—*Flies or Insects in Ears.* Put in a drop or more of glycerine or sweet oil, simply to entangle the offender. As a general rule, glycerine, oil, or any sticky substance should not be put in the ear. If a hard substance gets in the ear, unless it can be shaken out do not interfere further. For ear-ache, use warm cloths externally, and, if necessary, put warm water in the ear.

EYES.—When particles of coal or dust get into the eye, unless removed easily with the softened end of a small stick, see the doctor at once. When lime gets in the eye, wash carefully and put in olive oil.

FAINTING.—Lay the person down and give plenty of fresh air. Loosen clothes. Sprinkle water on head. Give water to drink. Give stimulants. Inhale ammonia or spirits of camphor. Rub feet and hands. Keep quiet.

HEMORRHAGE.—*From Lungs.* Lie down and do not cough if possible to prevent. Use cold drinks. Ergot is useful—half teaspoonful dose.


From Nose. Apply ice to nose, externally and internally. Scrape lint and apply to nostril. Do not remove clots. Stand upright and raise both arms above the head.

HYSTERIA.—During an attack, guard person against injury; loosen all clothing and give plenty of fresh air. Keep head cool.

POISONS.—Produce vomiting as soon as possible. Use mustard—teaspoonful in pint of warm water—or ipecacuanha—one-fourth teaspoonful to a cup of warm water. Repeat, if needed, in fifteen minutes. After vomiting, if sleepy, keep awake by moving about. Drink strong coffee if necessary.

STINGS, *of Bees, Etc.*—Examine carefully and remove sting with forceps. Apply camphor, ammonia, or arnica diluted.

SUNSTROKE.—Place in a cool place, loosen the clothes, keep the head cool and feet warm.—*The Nurse.*

 For Surgical Instruments go to the California Drug Co., College Building, 1420 Folsom St., San Francisco.

LAPAROTOMY UNDER COCAINE.

By Emory Lanphear, M. D., Ph.D., Kansas City, Mo.

There are, many times, patients who require abdominal section, yet who are in such physical condition as to almost absolutely prohibit the administration of either chloroform or ether. In such instances the surgeon may without hesitation make the operation under the effects of cocaine. The following is an instance:

Mr. W——, aged fifty-two, patient of Dr. F. B. Wheeler, of Sawyer, Kansas, was admitted to the All Saints' Hospital suffering from a cancerous tumor of left side of neck, of very rapid development. Patient began to experience difficulty in swallowing about nine weeks ago, when his weight was 165 pounds. The dysphagia increased at an alarming rate and two weeks before admission to the hospital it became a matter of impossibility to swallow at all. Partial removal of the tumor was done by Drs. Wheeler and McCoy (of Pratt, Kan.,) under local anæsthesia, it being deemed inadvisable even at that date to use chloroform or ether. There was very little improvement, so patient was brought to Kansas City to the hospital for further treatment.

When admitted he was in *extremis*—cadaverous, weight less than 80 pounds and at the gate of death from starvation. Upon the evening of admission the abdomen was carefully scrubbed and shaved and a pad of moist bichloride gauze applied. At 9 A. M. on the following day, assisted by Drs. J. F. Binnie and T. B. Thrush, (Dr. Sawyer standing ready to administer ether if it should be required,) I made a gastrostomy under local anæsthesia from cocaine. One-half dram of a 4 per cent. solution was injected in eight places into the subcutaneous areolar tissue along the proposed line of incision. As soon as the analgesic effect was established the usual operation was made, and without any pain or even sense of discomfort on the part of the patient. The only disagreeable symptom was a slight nausea when the left lobe of the liver was turned up to allow the stomach to be drawn up into the wound. The operation lasted 22 minutes.

How much longer the operation might have been prolonged without discomfort to the patient is a question of interest. But as a large number of the abdominal operations can be made within twenty minutes it is not so important as might at first be supposed. Besides the fact that the primary depressant effect of a general anæsthetic was avoided by the use of cocaine, there were two other points of much importance in this case, viz: the absence of the vomiting that nearly always follows chloroform or ether and especially the *absence of shock*. There was a total absence of anything like shock, and if this be found to be a general rule an immense gain may be made in sewing up stab or even gunshot wounds of the intestine (as well as in other numerous abdominal operations) by the use of local instead of general anæsthesia.—*Lanphear's Kan. City Med. Index.*

COCAINE POISONING.

The patient is a young man who for some time past has been suffering from rectal ulcer with colitis, accompanied with quite intense tenesmus, for the relief of which latter he had resorted to cocaine. On the afternoon of February 4th, upon his own responsibility, he took a suppository containing rather more than three grains of the drug. I saw him about an hour after and found his condition as follows: Pulse 150, thready; respirations five to the minute and simulating the Cheyne-Stokes variety; pupils dilated; bilateral sweating; surface cold, patient conscious, and responding well to questions; vision good; no pain; no nausea; surface anæmic. I ordered twenty drops of tincture of digitalis with 1-60 of a grain of atropine sulphate hypodermically, to be repeated in twenty minutes; hot applications to the surface and brandy internally. Half an hour after the second hypodermic the patient's pulse had fallen to 120; the respirations had increased to 12 and were regular; and the surface was becoming warm and somewhat flushed. I then put him upon digitalis and strophanthus, three drops of each, internally, and omitted the atropine.

At midnight his pulse had reached 100, and the respirations were normal. From this time he rapidly recovered.

In two cases elsewhere reported I obtained similar results from the treatment pursued in this case. While digitalis, or any of the other cardiac tonics is strongly indicated in these cases, there might be a question about the atropine, since the action upon the pupil of both cocaine and atropine is mydriatic, and this would indicate that the two agents are synergists. Yet cocaine paralyzes respiration, while atropine stimulates the respiratory function. Here, it would seem, is the chief indication for atropine to overcome the toxic action of cocaine. While this is true, yet it must not be forgotten that atropine also stimulates all the vaso-motor ganglia, and, if carried beyond a certain limit, would overcome the cardiac inhibition obtained by the digitalis—an important factor in eliminating the cocaine poison.—J. A. WESSINGER, M. D., in *N. Y. Med. Journal*.

CONVULSION TREATED BY COMPRESSION OF THE CAROTID.

In the *Lancet* of January 2, 1892, there was an annotation giving an account of Dr. Leopold Roheim's treatment of eclampsia by compressing the carotid. Having Roheim's treatment fresh in mind, Dr. W. C. Hearnden, of Surrey, England, used the same treatment with success in a case of convulsion following a protracted attack of influenza, and due, as he believed, to embolic plugging in the left hemisphere with hyperæmia of the right, as the eyes were turned to the right side. In a few seconds only, the twitchings began to cease: then the breathing grew slower and deeper, and in not more than a minute and a half or two minutes the face grew calm, the eyes regained their position, and there was an attempt on the patient's part to wipe the lips with the sound hand. He then left off the compression. For a minute or two the patient went on breathing calmly, then suddenly the eyes went up to the right, the face twitched, the breathing became again puffing, and the body was convulsed. He im-

mediately compressed the carotid again as firmly as possible and in less than two minutes the patient came out of the fit, gave him her hand, and raised herself up in bed, and although dazed, was still sufficiently clear to attempt to put out her tongue when told to do so. He left her to the nurse, and she had no return of the fit. The writer knew no other treatment that could have been adopted in an emergency that would have so rapidly relieved the patient.

ARISTOL IN GYNECOLOGY AND ABDOMINAL SURGERY.

[Cincinnati Lancet-Clinic, October 3d, 1891.]

Dr. C. D. Palmer, in a communication to the Cincinnati Academy of Medicine, Sept. 14th, 1891, said "Aristol adheres very readily to the skin or surfaces of *Wounds* and *Burns*. While similar in its general specific action to iodoform, it has the valuable property of forming an absolutely unirritant covering over surfaces upon which it is placed, under which the processes of granulation and cicatrization proceed with extraordinary rapidity. Not absorbed, it has no toxic effect. It possesses stimulating, alternative and anaesthetic properties.

It is not my place to speak of its therapeutic powers in dermatology, except to make mention that these diseases do not unfrequently affect the external organs of generation of females. Ulcerations of various kinds, Varicose, epitheliomatous, or carcinomatous, syphilitic, etc., are especially influenced favorably by it. I use Aristol in pure form applied with insufflation, except when placed in narrow canals, like the female urethra or in the bladder or uterus. Within the rectum it can be utilized, as within the vagina, by insufflation or by suppositories. It becomes an admirable dry dressing for some cases of chronic Vaginitis, Vulgar Pruritus, Cervical Endometritis, Cervical Erosions and Fissures Mammary Fissures and Syphilis, primary and secondary. It has been my habit for years in all cases of operations for Trachelo-Pasty Colporrhaphy and Perineorrhaphy, as well as for Vesi-

co Recto-Vaginal Fistulae, to dust some iodoform powder or to apply a dry tampon of carbolized gauze, after the operation; now, I consider the Aristol application as superior. I am well satisfied that Aristol powder applied over the sutured abdominal walls in all cases of *Ovariectomy*, and after all *Abdominal Sections*, is much better than any wet dressings or any dry dressings with iodoform. Crayons of Aristol may likewise be profitably utilized in certain cases of general *Endometritis* and after curettings of the uterine cavity.

Probably the dry dressings of Aristol with absorbent cotton or wool, are quite useful in some cases of chronic Pelvic Cellulitis and Pelvic Peritonitis, attended or not with Pelvic Abscesses. For the after dressing of Vaginal Hysterectomy, it is the remedy as well as after Mammary Amputation. Aristol gauze can be made by impregnating plain gauze with an ethreal solution of Aristol, containing from one to two grammes of Aristol per yard. Crayons for urethra or uterus can be prepared by using at least one gramme mixed with a sufficient quantity of gelatin or gum acacia."

In a discussion following the reading of Dr. Palmer's paper, Dr. Marcus said that in a trial in a number of cases of *Varicose Ulcers* of varying degrees of severity, Aristol had given him more cause for congratulation than any remedy yet used by him in that class of cases. Applied as first suggesting itself in ointment form, with vaselin as a base, the result was nil. He then adopted the following plan: The ulcers were cleaned and all scales removed and moisture dried with absorbent pads of cotton, then dusting Aristol freely over the entire surface, placing over all a thin layer of absorbent cotton and penciling the entire dressing with elastic collodion. The result in most cases was gratifying, and confirmed for the speaker a half-formed opinion that greases and salves were not conducive to healing in *Varicose Ulcers*.

Dr. Palmer said he was pleased at the lively interest his paper had provoked. He would now refer to but a few points raised in the discussion. Aristol in his experience, had proved itself to be one of the best remedies we possess for *Vari-*

cose Ulcerations. It will not cure the varicosities of the veins, but it rapidly heals the varicose ulcerations resulting from the varicose veins. He had made the applications as suggested by Dr. Marcus, applying freely the dry powders of Aristol twice daily, and adjusting over this application, a pad of absorbent cotton, retained by a well-fitting bandage.

A CASE OF NASAL REFLEX.

An interesting and at the same time an unusually well authenticated case of nasal reflex, resulting in ocular disturbances, is reported by Dr. W. H. Bates, of New York, in the *Medical Record*, for February 27th :

The patient, a young lady, of eighteen years, was first seen in 1887, complaining of headache and pain in eyes, from reading or other near work. Being a student of art, the affection was quite serious and she was finally compelled to discontinue her studies. Tonics, rest, etc., gave her no relief. Examination proved her eyes to be so nearly normal that glasses were not needed. Several months after, her condition not having improved in the meanwhile, an examination of the nasal cavities discovered a sharp projecting point on the left side of the septum. To this point a solution of cocaine was applied, and the patient remarked that her eyes felt better and that she could read with more comfort. "This spur was removed with the nasal saw, which gave the patient almost immediate relief."

Four months later, she reported no further trouble and had resumed her studies. Four years later she returned, stating that she had experienced no further trouble with her eyes until three weeks ago. Some time before, she had received an injury to her nose. She now suffered from intense pain in her eyes, so that she was unable to work. On examining the left nostril a sharp spur was observed on the site of the old operation. This projection was removed under cocaine and the eyes were relieved almost immediately. At this time, a year since the last operation, she is at work and has had no further trouble. H.

THERAPEUTIC NOTES.

From the Doctor's Weekly.

He who gargles with guaiac will prevent or abort a tonsillitis.

SANTONIN has been recommended in *enuresis* caused by irritation of the vesical sphincter, in doses of 1-4-1-2 grain, saturated with sugar.

TURPENTINE and lard, equal parts, warmed and rubbed on the chest, is a safe, reliable, and mild counter-irritant and revulsant in minor lung complaints.

In jaundice, small repeated doses of saccharated calomel, say 1-4 to 1-2 grain every hour until bilious actions result, will be found efficient.

DEAFNESS.—A few drops of balsam copaiba dropped into the ear, night and morning, will often cure deafness.—*Med. Summary.*

SODIUM SALICYLATE, in doses of 15 grains 3 times a day, Prof. DaCosta says, will markedly control the formation of sugar in *diabetes mellitus*.

ONE of the best remedies for sprains is the application of hot water as hot as can be borne, repeated frequently; the addition of chloride of sodium to the water is beneficial.

A COTTON-WOOL tampon charged with a two per cent. solution of camphoric acid, and introduced into the nostril, gives rapid and permanent relief in acute coryza.

ANTIPYRINE, in doses of 2 grains every two hours, or 8 grains three times a day, is recommended by Dr. GREEN in *acute bronchitis*,—the attack frequently subsiding within twenty-four hours.

SULPHONAL FOR NIGHT SWEATS.—Erede says that sulphonal, in doses of 7 1-2 to 15 grains, suppresses the night sweats of consumption with certainty, one dose answering for several days.

BEECH-TAR CREASOTE has been lauded as a specific in *gonorrhea*,—destroying the gonococci in two hours. It is used in one-per-cent solution in a decoction of hamamelis, with a slight addition of boric acid.

HE DID THE CARVING.—WHY A SURGEON WAS MOVED TO GREAT
GENEROSITY.

He wore an old uniform of '61 and held out his hat to every passer-by as he sat in the doorway of an unoccupied building, on one of the principal thoroughfares in this city. Or, rather, he had his hat stuck on a peg near by, for, as he had no arms, he couldn't have held out his hat if he wanted to.

No arms, no legs.

Some of us dropped a cent or a dime now and then, but that was about the limit. By and by along came a gentleman who looked the beggar over carefully and then handed him a new \$10 note.

"By the great guns of Gettysburg!" exclaimed the aged veteran, tears streaming down his face, "this is the greatest kindness I have ever received in my life. Kind sir, excuse me while I weep."

"Not at all," said the stranger, kindly. "I give it to you freely; take it and welcome."

"It is so unusual," sobbed the man. "I—I—really, I hardly know what to say!"

"Oh, say nothing at all," suggested the gentleman, smiling, and starting to move off.

"But," ejaculated the cripple, between his sobs, "would you mind giving me your name, kind sir, that I may remember you in my prayers?"

"Not at all," said the man, rubbing his hands. I am the surgeon who did the carving, sir, and although I was young then, I see now that it was a good job. The ten is merely a mark of professional pride; that's all."

ROUGH.

In the spring the medical colleges
Turn out scores of young M. D.'s,
Yet the people fear their knowledge is
Quite as fatal as disease.

PLASTER-OF-PARIS FORMULA.

The following is from the *Am. Drug*:

1. To make plaster set hard.---Mix best plaster-of-Paris with about 10 per cent. (more or less, according to effect ascertained by preliminary experiment) of very finely powdered marble (calcium carbonate.) Or add to it about 6 per cent. of powdered alum, or about the same amount of ammonium chloride, before mixing with water.

2. To make plaster set slower.—Mix it with 2 to 4 per cent. of powdered althea root before adding the water. This not only retards the hardening of the plaster, but also enables it to be cut, filed, sawed and turned.

An addition of 8 per cent. of althea powder retards the complete setting of the plaster for about one hour, so that the mass can be used for any purpose where it is to remain plastic during at least a portion of that time.

A VICTIM OF TIGHT LACING.

Tight lacing was, indirectly, the cause of the mysterious and sudden death of Miss Clara S. Holloway, in Camden, at a card party, Saturday night, November 14th, according to the opinion of the doctors who made a post-mortem examination. County Physician Iszard presided at the post-mortem, and was assisted by Drs. Middleton, Casperson, Ireland and Leavitt. They found that death resulted from cerebral hemorrhage, resulting from congestion of the lungs, superinduced by the tightness of the young lady's clothing.—*Philadelphia Inquirer*.

A Florida Physician, graduate of the Jefferson Medical College of Philadelphia, says that he has been enabled for many years to make a positively correct prognosis in nearly every case by seeing the ghost of the patient sitting by the bedside either as a corpse or restored to health. The vision appears generally at the first visit. At least, that is what an eclectic journal states.

HEARTLESS DOCTOR.


Says the Brooklyn *Medical Journal*: Such is the epithet applied by the newspaper to Dr. Craigen, of Alleghany Co., Md., who is said to have removed the stitches from the leg of a patient because he would not pay the doctor \$2 for having put them in. The facts are alleged to be that a wounded man had been taken by his friends to the office of Dr. Craigen, and that he, after dressing the wound, put several stitches in it, and then demanded \$2 as his pay; that the friends of the patient were surprised, supposing that, as he was the county physician, there would be no charge; that the doctor told them if they did not pay him he would undo his work; that the men insisted they were penniless, and that the doctor thereupon, with the remark that he didn't intend to do that kind of work for nothing, deliberately cut the stitches.

CARESSED WITH A POKER.—DR. HILL THINKS IT ABOUT TIME TO SUE FOR DIVORCE.

Dr. William Preston Hill, of St. Louis, Mo., has sued for a divorce on the grounds of ill-treatment from his wife. He was married at Philadelphia, in May, 1885, and has three children. The doctor alleges that his wife has a very vicious temper and uses liquor to excess. She has at different times, he says, caressed him with a poker, threw crockery at his defenseless head, quarreled with people at the house, and accused him of murdering his father and of improper relations with servants. There is much sympathy among the people for the doctor, and it is thought that he will be released from his martial bonds.

ADHERENT PLACENTA.

In case of difficulty in removing a placenta try the reflex stimulation of a rectal injection of cold water. Dr. John Morton, of Mussoorie, India, reports success with that method in the *Indian Medical Record*.



A noted physician has recently stated that when a female opium victim brings forth a child, such offspring is prone within forty-eight hours to die of an apparently causeless collapse. The real cause of such collapse is, however, the need of opium. He further says that the child not only finds itself struggling with the new conditions of life, but also totally deprived of its nerve stimulant, and it dies when its life may be saved by administering doses of laudanum perhaps sufficiently large enough to kill an ordinary infant.

MATERNAL IMPRESSION.

Four months ago Mrs. Will Cross' pet dog was shot by Dr. J. W. Schultz of Wichita, Kas., for barking at him as he rode by on a bicycle. Its left fore leg was broken in several places, and Mrs. Cross was very much excited. Sunday she gave birth to a baby with the bones of its left arm shattered. Half of the physicians in town attended the consultation and it was decided not to amputate the arm. Physicians declare the case to be without parallel. Cross has sued Schulz for damages.

A LEPER COOK.

The health officers of Philadelphia recently informed the Health Officer that the leper, Charles Wing, who was at the Municipal Hospital had been employed as a cook at the Peabody Hotel, that city, in which there are 125 guests. Major Veale says that several witnesses have testified that Charlie Wing's feet and legs at times have been so sore that he has been compelled to sit upon the table while mixing the flour.

HIS THIRD SET OF TEETH.

David Southerland, of Seymour, Ind., a hearty man of 74 years, shed his last tooth several years ago. Recently he has complained of a peculiar soreness of his gums, and he has just finished "cutting" his third complete set of teeth.

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